

1 **10A NCAC 27I .0605 is proposed for adoption as follows:**

2 **10A NCAC 27I .0605 INITIAL RESPONSE TO A DMH/DD/SAS APPEAL**

3 (a) The Director shall screen the request for appeal to the Division to determine:

4 (1) if the appeal was reviewed by the area authority or county program according to the area authority or  
5 county program policy and procedures; and

6 (2) if the appeal includes the denial, reduction, suspension or termination of a non-Medicaid state funded  
7 service.

8 (b) The Director shall send an acknowledgement letter to the client and the area authority or county program within  
9 5 business days of receipt of the request for appeal to the Division.

10 (c) The acknowledgement letter shall specify whether the appeal has been accepted or not. The Division shall  
11 accept an appeal if it meets the standards as set forth in Paragraph (a) of this Rule.

12 (d) The Director shall notify the area authority or county program and the client whose appeal is accepted for  
13 review to forward all documentation considered during the area authority or county program review to the  
14 Division no later than 10 calendar days from the date of the acknowledgement letter. The acknowledgment  
15 letter shall advise the parties that a panel will be convened to conduct a hearing.

16 (e) An appeal that does not meet the criteria as set forth in Paragraph (a) of this Rule shall be returned to the client  
17 as disqualified with an explanation of the basis for disqualification.

18 (f) The area authority or county program shall review the appeal, if the appeal made to the Division is disqualified  
19 on the basis of not having been reviewed according to the area authority or county program's policy and  
20 procedures.

21 (g) The client shall have 11 calendar days from the date of the area authority or county program review decision to  
22 resubmit the appeal to the Division.

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24 *Authority G.S. 143B-147;*  
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